BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Application or Docket Number

09893991

		1.00											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	- 1	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*	Ó		X40=		OR	X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2	ı	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II										J	OTHER	THAN	
_		(Column 1)		(Colui		(Column 3)		SMALL		OR •	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	** 2	20	=		X\$ 9=		OR	X\$18=	1	
	Independent	* 3	Minus	***	3		Ī	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	r CLAIM		ı	+135=	. (OR	+270=		
			•				L	TOTAL			TOTAL		
		(Column 1)		(Colu	mn 2\	(Column 3)	F	ADDIT. FEE	<u></u>	10	ADDIT. FEE	L	
AMENDMENT B	- E	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	IËST IBER OUSLY		Г		ADDI-	1 1		ADDI-	
						PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· W	Minus	/		=		X\$ 9=		OR	X\$18=		
	Independent	TATION OF MI	Minus /	***	S CLAIM	=		X40=		OR	X80=	•	
<u> </u>	TIMOTTHEOL	, , , , , , , , , , , , , , , , , , ,	JEIN LE DE	-21100111	OLAIIVI	اليا		+135=		OR	+270=	2. u	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- Ol	=		X40=		OR	X80=		
	HIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM		 	+135=		OR	+270=		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OD.	TOTAL		

ADDIT. FEE